



Employee Acknowledgement Form

You are responsible for familiarizing yourself with your benefit options:

- Basic Life Insurance
- Basic Life & Health Insurance
- Pre-tax Health Insurance Benefits (Section 125 Plan)
- Optional Life Insurance
- Long Term Disability (LTD)
- Dental/Vision (*if eligible*)
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)

Your signature is required on this form before your agency can process your benefit elections. Please sign, date and return this form to your GIC Coordinator after you have reviewed the *Benefit Decision Guide*. (Or for visually impaired employees, have listened to the BDG audiotape.)

I hereby acknowledge that I have reviewed the most recent *GIC Benefit Decision Guide* before I made my benefit elections.

Name: _____

(Please print)

Signature: _____

Social Security Number: _____

Date: _____

Employee: Return this signed form to your GIC Coordinator with your benefit elections.

GIC Coordinator: Retain original signed form in employee's personnel file.